The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XII FALL, 1956 No. 4

SECONDHAND GREETINGS TO HAMPDEN FROM GAUTAMA

SINCE the October deadline went by without receipt of the promised script, we must, instead of a Presidential Message, bring you our own impressions fresh from the first Council Meeting of the new titular head of the ancient and honorable Massachusetts Medical Society. The clean, bright face of Aurora and the glowing robes of red and gold with which she clad the countryside, must have put us in a good mood as we sped eastward on the first Wednesday in October toward 22 the Fenway. The smooth ride up in the brand new elevator also may have nullified to some degree those paralyzing, rigid seats in John Ware Hall. One soon became convinced that presiding over medical meetings was not new to Howard. Of course he found himself lost among entangling amendments as all good presidents do, but he emerged with that durable smile even when points of order flew thickest.

After two hours or more of repetitious debate while forensic gadflies—or were they tse tses?—still persistently buzzed, we came to marvel at the god-like imperturbability,—a veritable Buddha we decided, enthroned upon the dais, with his high priest the Chief Scribe at his side absently thumbing through General Robert's little red-brown catechism. A solid gold backdrop for Gautama and a shaven pate and yellow robe for the Scribe would have added the final touches.

Metaphorically speaking, the new incumbent appears to measure up reasonably well to the four sublime verities of Buddhism, i.e. the Four Noble Truths:

1) Pain does exist,—yes, in the neck and elsewhere.

2) Having accumulated sundry sins in similar existences, he has had ample causes for pain.

3) Only the Nirvana to be found in the final thwack of the gavel, abetted to some small degree by the Cotting bequest, can end his pain.

As for us, we shook the very human and hearty hand of Gautama Howard at the intermission and reciprocated smiles, so it is possible to state in complete truth that at least this small part of the Hampden membership was greeted heartily, so much so that there is plenty left for second hand distribution to one and all of the rest. Consider yourselves so greeted in spirit and in truth!

S. Q. Lapius

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 600 Copies

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THE INDOCTRINATION PROBLEM

According to the A.M.A's recent Survey of County Medical Society Activities a growing number of District Societies have adopted indoctrination programs for new members of one kind or another. Fifty out of the eighty-nine larger societies in the United States (300 or more societies) already offer such courses, and three others are planning to do so shortly. The purpose is to inculcate newcomers with the aims of organized medicine, and to familarize them with the various activities of District, State and National Societies.

Indoctrination may prove very beneficial to Hampden District at a time like now when there is so much to do and so few to do it. Many of our members suffer chronic apathy and attendance at meetings leaves much to be desired even with the inducement of free dinners. Some of our older members, we are told, still have their first meeting to attend. The success of an organization, as we all know, depends not only on the diligence of its officers but also on the participation of its entire membership. New leadership has to be developed; the very future of our organization depends on it. It is highly probable that by showing interest in the new member he in turn may reciprocate by developing interest or even enthusiam in the Society. The chairman of the Special Study Committee recently recommended the creation of such a committee, and President Holleran implied the same when he issued a plea for more "Georges" (Hippocrat Summer Issue).

(Continued on page 12)

U. S. SANTA CLAUS

The Congress of the United States has again seen fit to amend to social security act and grant its benefits to women at age 62, and to disabled persons at age 50. This not only makes an unsound insurance scheme much more out of balance, but throws on the shoulders of the physician a responsibility he does not seek. According to the Act the disability may be mental or physical, but must be certified to by a physician. In the absence of any exact standards, this bids fair to be one of the worst headaches we have to face in this rapidly socializing profession.

An example of this has already been going on in this state where almost all State Police officers are permitted to retire with disability pensions a few days before they would be forced to resign because of age. Political pressure and declining standards would soon make a farce of this medical certification and lead us still further into the morass of Socializism.

And if there are any of us who are still having any delusions relative to the Social Security System, the two articles in the American Medical Journals of September 15 and September 22 by Dr. Webster and Dr. Coffey should go far to clear them up.

Compliments

Albert J. Rypysc

Springfield

SEPTEMBER MEETING HIGHLIGHTS
(Roger Smith Hotel)

270 members sent in cards saying they would attend but only 148 showed up . . . . Secretary Rice is much disturbed, and rightly so . . . . "How in the world can you begin to guarantee the hotel the right number of dinners?"

President Holleran appeals for more subscribers to the Massachusetts Medical Benevolent Society . . . . Incredible as it sounds the number of Hampden District memberships in this splendid organization can be counted on the fingers of one hand. . . . . He appoints a Nominating Committee consisting of Dr. Laurence A. Putnam, chairman, Dr. Charles A. Diamond and Dr. Donald R. Hayes.

A resolution is adopted that beginning January 1, 1957 the Hippocrat shall appear monthly instead of quarterly . . . .

After New Year's the Hippocrat will reach you every month except for July and August.

Dr. Derby, our retiring president and now chairman of the Rehabilitation Committee, indicated that he meant business . . . . He read excerpts from an editorial of the J.A.M.A. emphasizing the importance of strict medical control of Rehabilitation Centers.

The guest speaker was Mr. Stephen Stewart of The Terriberry Company of New York, consultants in insurance . . . . His topic was "Progress In Medical Expense Insurance" . . . . After tracing the history of medical and surgical insurance he pointed out that the perfect insurance plan is yet to be created . . . . "A national health plan (Socialized medicine, to us) is a constant danger as long as voluntary insurance plans are threatened to be priced out of existence . . . ." "All parties concerned, the insurer, the insured, the physician and the hospital share in the responsibility" . . . . The ideal plan was the deductible policy . . . . Considerable discussion followed.

A gorgeous cut of roast beef rewarded each attender . . . . In spite of the three major dinners at the same time, the service was slowed only a little.

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HOSPITAL BULLETINS

Holyoke Hospital

The Holyoke Hospital is about to establish an admission chest X-ray program, thanks to funds that were donated by the Holyoke Tuberculosis and Health Association as a community Health measure. The Hospital has added a table to go with the new chest x-ray machine to provide for dual function. Thus a year-round program of chest examinations will be provided for residents of this area and employees of the local mills and shops,- an important forward step.

* * * *

After thirty years and more of top notch service to children of this vicinity who were handicapped by paralyses and other orthopedic conditions, Miss Ann Wagner resigned as Physiotherapist of the Holyoke Hospital and the Holyoke Society for the Care of Crippled Children, and has moved to California. The youngsters will miss her skilled services, and so will not a few adult clients who named her friend as well as benefactor. There is a splendid opening for some young woman who would like to devote her active years to carrying on the good work that Miss Wagner began. Application should be made to the Administrator of the Holyoke Hospital, tel. JE 3-3911.

* * * *

Ludlow Hospital

The Ludlow Hospital's Board of Trustees plan for the erection of a new 50-bed Suburban Memorial Hospital in the Town of Wilbraham, to replace the present 48-year old, 29-bed institution. A campaign to raise $300,000 in the communities of Ludlow, Wilbraham, Hampden and East Longmeadow, and the Indian Orchard and Sixteen Acres areas of Springfield, opens on November 1, with approximately 600 volunteers.

COMPLIMENT

Curran-Jones

WEST SPRINGFIELD

Mercy Hospital

The following new facilities have recently been established at the Mercy Hospital: 1. The X-ray Department has replaced its two older diagnostic units with two new General Electric Regent machines. There has been added a Tomograph (body section x-ray), a head Bucky, and a Sanchez Perez Serialograph for angiography. 2. A Pulmonary Function Laboratory has been established to provide all the newer pulmonary function tests rqeuired for the adequate diagnosis and treatment of those suffering pulmonary disease. 3. The electroencephalograph and electromyograph for the study of diseases of the brain and muscle functions has been in service for some time. The electromyograph is the only one available in this part of the State for the study of muscle functions.

* * * *

Noble Hospital, Westfield

Work has already begun on the demolition of the old three story building west of the Nurses Home in preparation for the new hospital. One and a half million dollars have been raised by subscription. This plus $250,000 from Federal Aid and $35,000 from the Ford Foundation will go towards the construction of a well equipped modern 90 bed hospital with room for expansion up to 175 beds. Ground breaking will probably take place in May of 1957 and the new hospital should be completed about one and a half years later. The hospital erected through the generosity of Reuben Noble who stipulated that "no person shall ever be refused . . . . by reason of inability to pay", had become obsolete after 65 years of 'Noble' Service, but his name will continue to stand as a worthy example, to 20th century donors. The doctors, too, who kept the quality of this service at a high level in spite of handicaps deserve Special Commendation.

Absorbine Jr.

G. P's CORNER

Springfield's own Dr. Fairy P. Brown was elected Treasurer of the Massachusetts Academy of General Practice at its Annual Meeting in Boston, September 25, 1956. Other officers elected were Dr. Daniel Rogers, Wenham, President; Dr. E. P. Larkin, North Adams, President Elect; Vice Presidents Dr. C. A. Herrick, Manchester and Dr. R. A. Costa, Fall River; Secretaries, Dr. A. C. Poirer, Cambridge and Dr. R. A. Draper, Dorchester.

We are all proud of Dr. Brown and extend to her our congratulations and best wishes.

* * * *

The Executive Committee of the Springfield Region, Massachusets Academy of General Practice will henceforth hold informal meetings monthly in place of formal meetings quarterly. Announcement of the place and time of the meetings will be made shortly.

* * * *

The local chapter of the Massachusetts Academy of General Practice is deep in plans for the coming year under the able direction of Dr. John David, President; Dr. Ralph Miller, Vice President, and Dr. John J. Quinn, Secretary-Treasurer. Directors include Doctors John E. Leary, Harold Holleran, Meran Nakashian, Eugene Snyder and Nathaniel N. Bennett.

* * * *

Many local G.P's, as well as specialists, were guests of the Connecticut Chapter, American Academy of General Practice at a day-long symposium on October 25th at the Hotel Statler, Hartford. Dr. Paul Dudley White was one of the featured speakers.

* * * *

The lectures of the Springfield Academy of Medicine are now recognized as credit for Post Graduate Study Category I (formal study) by the American Academy of General Practice for all members. However, local G.P's **must** register with Mrs. Flanagan before **each lecture** in order to receive credit.

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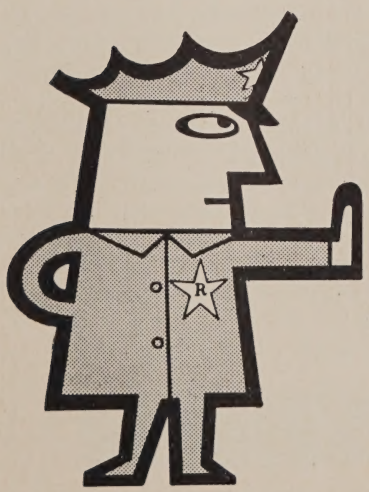

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MEDICAL READER

An item of unusual interest appeared in the J. A. M. A. of October 6, 1956. The writer is Dr. Edward R. Pinckney, a former editor of the Bulletin of the Napa County Medical Society. After stressing the importance of a monthly bulletin even for smaller societies, the author describes in detail not only how to organize such a bulletin, but also what the membership can do by way of helping the editor in his effort.

. . . . "The hardest task the editor may have to face during the formative period is that of getting the material forwarded to his desk. This actually amounts to his sharing his burden among members of the society. Once procedures are set, the chairmen of the different society committees send the editor brief reports of their meetings, when held. It should take a particular physician's secretary no more than 15 minutes to write this up and send it to the editor. The society's selected secretary follows the same procedure with the executive committee minutes, which he is obligated to write up anyway. He also can include information on the next meeting, information on and pictures of new applicants, and an outline of the society's financial state. Reports on legislative and other political actions that affect medicine are readily furnished by the state association. The health officer will furnish vital statistics as well as pertinent information about public health affecting the private practitioner. Editorials may provide an opportunity for members to express their opinions." . . . . "After one or two issues, the editor will find he is overstocked with items of interest, pictures of the new hospital, exhibits, and displays. The amount of material published is limited only by the allocated cost of production."

This sounds like the answer to an editor's prayer. However, if they can do it in California there is no reason why it can't be done here.

* * * *

By a happy coincidence, President Howard Root's collaboration on the subject of Diabetes Mellitus with his gifted co-worker Priscilla White M.D., Sc.D., F.A.C.P., appeared almost simultaneously with his recent ascent of the dais. Fellows will find that this portable handbook for physicians is characteristically thorough and painstaking. Chapter VIII on Acidosis and Coma alone would justify your purchase, but theory and underlying scientific considerations are not slighted. For your own good and your patient's, you should "have some now!" Landsberger Medical Books, Inc., New York, 338 pp. and index.

* * * *

Statement of E. F. McDonlad, Jr., President of the Zenith Radio Corporation, who himself lost the hearing in one ear by accident: "For many years it has seemed to me incredible that the public could buy a complete radio receiver for $29 or less with which they could hear the words whispered in Europe, Asia or South America, but people with deficient hearing have paid $100 to $200 for a comparably good hearing aid to hear the human voice across the room." Zenith engineers are set to remedy this absurd situation by bringing hearing aids within reach of all who need them. Zenith editors will supply to all who are interested the latest information on medical developments with articles by Otologists and others in a new magazine, Better Hearing. Good listening!

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President Holleran Speaking

The next meeting of the District Society will be a joint meeting with the Women's Auxiliary. It is scheduled for 6:30 p. m. December 12, 1956, at the Sheraton-Kimball Hotel, Springfield.

Dinner will be followed by a business meeting, abreviated as much as possible. As a program designed to intrigue both the members and their guests a discussion of hypnotism in its practical applcations to medicine and dentistry will be followed by a demonstration. Mr. G. Edmund Wallace of Westfield will be the lecturer for the evening. A salesman of investment securities by day, his hobby of amateur magic, and inquiries into hypnotism, have led to an avocation of demonstration and teaching of hypnotism. In the past five years he has instructed several groups of dentists in Springfield, Holyoke, Chicopee, and Westfield in the art of hypnotism as applied to their profession. He suggests that the demonstration will be more convincing if volunteers will appear from the floor.

Dr. Allan Rice, Secretary of the Society, hopes that every member of the society, will make an effort to attend this meeting. He urges, however, that any member who announces his intention to be present and fails to attend places the society in a position of obligation to the hotel management that frequently can only be solved by relinquishing some of the Society's cash. Promise to come; keep your promise! Note that the meeting falls upon a Wednesday.

* * * *

KINDNESS ON TAP

Dear Hippocrat:

On page eight of the Summer issue of the Hippocrat, under title of "The Iron Must Not Cool", is a copy of a letter from Mr. William Wylie of the Labor Union. The last paragraph disturbs me. It puts the society, Dr. Cheney, and, may I add, the secretary in a bad light. Had you checked with me before publishing this letter, you could have added a forthright footnote. As soon as Mr. Wylie's letter was given me, I answered it, explaining that the annual change of administration had just occurred; that there were no more meetings of the society until fall; and that as soon as everything was organized he would hear from us regarding another meeting. He replied promptly, thanked me for my letter, and stated that he would be happy and ready to meet with us again in the fall.

Will you be kind enough to undisturb me by publishing this letter of mine?

Sincerely yours,
Allen G. Rice, Sec.

* * * *

HEALTH FORUMS

The 1956 Health Forum Series will begin November 20 at the auditorium of the Technical High School, Springfield. This series, as of one year ago, is being co-sponsored by the Hampden District Medical Society, the Springfield Academy of Medicine and the Springfield Newspapers. The program follows:

Nov. 20—You and Your Nerves, moderator: Dr. Ralph T. Miller.

Nov. 27—Live Long And Like It, moderator: Dr. H. Bernard Tillman.

Dec. 4—Arthritis And Rheumatism, moderator: Dr. Allen S. Johnson.

Dec. 11—You And Your Child, moderator: Dr. John A. Burke.

Our Public Relations Councilor, Dr. Joseph M. Baker, is chairman of the Joint Health-Forums Committee.

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HOW LONG, O LORD, HOW LONG?

To those who are still interested in the Rusk Survey and what the United Fund plans to do with it, two editorials in the Journal of the American Medical Association, December 7, 1955 and August 18, 1956, and one in the official Journal of the Hospital Association, "Hospitals", are well worth reading.

The first defines rehabilitation as "the process of assisting the handicapped person to realize his potentialities and goals physically, mentally, socially and economically". "Handicapped" does not apply to physical disorders alone.

The second stresses the need of **direct medical supervision** of a rehabilitation centre and that preferably the director should be a physiatrist, a physician trained in physical medicine and rehabilitation. These two points your rehabilitation committee has stressed time and again.

A recent special issue of the Journal "Hospitals" discusses in detail the planning and actual construction of hospital rehabilitation facilities. The three editorials are of basic importance.

With the Springfield Municipal Hospital available and inviting its use for the purpose for which it was erected, it seems unfortunate that the community can not get behind the medical profession in its effort to secure a modern well integrated Rehabilitation Centre.

The nubbin of the delay would seem to be that doctoring should have a minor part in deciding its policies. The leaders in this field of medicine feel it should be directed not only by a doctor, but by a specialist in this particular field with medical supervision.

Who, but doctors can help select such a man, refer him patients and see that the Centre operates efficiently and ethically.

It is no lust for power that impels those doctors interested in a Springfield Centre to give their time and energy to this cause. Their profession gives a much greater satisfaction. In our proposed Springfield Centre, financial policies could be controlled by the United Fund whose aid we seek since they control the purse strings and in this way the size and scope of the Centre.

On the other hand, the quality of medical care is the responsibility and province of the doctor alone and he is most familiar with its proper coordination.

Must the United Fund run, or dictate who shall supervise such a centre? Surely, this can not be a policy with any other agency in its organization.

Can they afford to ignore the recommendations of the doctors of Hampden County made through the Hampden District Medical Society by refusing the Springfield Rehabilitation Centre a place in their Red Feather Family.

We are patiently awaiting their decision to accept, or reject our offer of cooperation.

We wonder if the Rusk Survey is to be just another survey. If so, the money could have been put to a better use.

With but a meager budget and the cooperation of the Trustees of the Springfield Municipal Hospital the Springfield Rehabilitation Centre has secured without cost, two state clinics, Alcoholic and State Hospital, and a third, a state adult psychiatric clinic is expected.

A free Counselling Service provided by the three major faiths is also operating under the eyes of the Springfield Rehabilitation Centre.

The Alcoholic Clinic alone requests a token fee from those able to pay. All other services are without charge.

It would seem that we have made a substantial and economical start with previously unrecognized sources in the mental, social and economic aspects of rehabilitation (as above defined).

Physical rehabilitation awaits a physiatrist with ancillary assistants and tools with which to work. Medical supervision is now and will be provided.

The city has provided the space needed, rent-free, so that we might help the unfortunate and make them employed tax payers, instead of unemployed tax receivers.

We respectfully request the "too long" considered opinion of the United Fund as to our eligibility for membership and their willingness to cooperate in this pressing joint medico-economic problem.

Providence Hospital

A half mile north of the new turnpike bridges on Route 5 in West Springfield on the site of the once fashionable Brightside Hotel, the turf is flying under the armored jaws of mammoth machines. On that historic spot the new five million dollar Providence Hospital is being built. Centrally located, it is designed to serve patients for Holyoke, Chicopee and West Springfield with every modern facility, (but Accoucheur LaZerte says he will of necessity drive two miles east from Willimansett before he can turn west on the new four laner to cross the river when those unrotated occiputs refuse to crown!) Anyhow, another year must pass before the new maternity ward will be calling him.

AUXILIARY NEWS

On Thursday, December 13, 1956 the Christmas Tea will be held at the home of Mrs. Edward J. Halton, 1450 Northampton Street, Holyoke, Massachusetts. The time is 3:00 to 5:00 p. m. Guest will be Mrs. Roger Cheney who is the State Auxiliary President and is from the Auxiliary to the Hampden District.

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Don't forget to get your orders in for Today's Health.

* * * *

The Woman's Auxiliary to the Hampden District Medical Society has as one of its health education projects the placing of recorded programs on radio. These recordings are put out by the American Medical Association's Bureau of Health Education and cover all phases of medicine of interest to the layman.

The series "Train Up A Child" can be heard every Saturday night over Station W.S.P.R., in Springfield, from 6:45 to 7:00 p. m. from now until January 19, 1957.

Station W.A.R.E., in Ware, Massachusetts, is running another series entitled "The Drugs You Use". This series is on every Sunday morning from 10:00 to 10:15.

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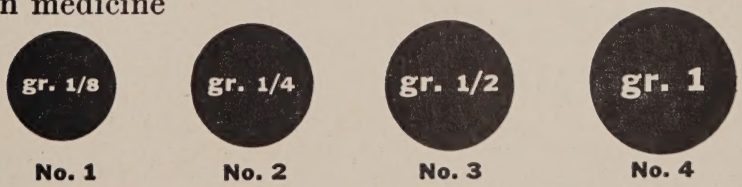

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EXPECTING IN 1956

On a recent visit to Halifax, Nova Scotia, I had the opportunity to inspect a new hospital which represented a novel approach to the problem of our modern obstetrical patient. We first heard of this idea in a lecture at the Academy of Medicine by Dr. H. B. Atlee on "Natural Childbirth". This concept is not necessarily a part of natural childbirth, however. The idea behind it is that our maternity hospitals were built for pathological obstetrics in an age when only pathalogical obstetrics went to the hospital.

This has all been changed in modern times and now the bulk of hospital obstetrics is the normal run of the mill case. Over 95% of the babies born today in Massachusetts are born in a hospital. I don't know what the proportion of "abnormal" deliveries is but I would suspect less than 10%. Therefore 90% of these patients were delivered in environments poorly adapted to these needs. They are led to believe that parturition is a pathological process instead of a normal female prerogative with consequent reactions of fear and tension. This swing toward pathological obstetrics has been completely revised by a group under Dr. Grantly Dick Reid of England and espoused by the Yale group in this country. This group has swung so far to the side of complete noninterference as to be unacceptable to the mass of the medical profession. However, we realize that many of our methods are not conductive to the best care of the normal obstetrical patient and that an exploration of some of these new ideas are in order.

The basic principal behind this new type of hospital plan is that most of our patients enter the hospital early in the first stage of labor. This means that many of them will have a long waiting period before they require medication or care other than supervisory. In most of our hospitals today they are lumped in with patients in active labor, with patients who have received enough medication to have lost control, or even worse, left alone at this time of stress.

This hospital is designed so that the woman is admitted first to a section of the hospital set apart from the delivery suites and yet on the same floor. Here she will be in an atmosphere not different from her own home where she may have her husband and mother with her and where she will be supervised by some person "not too young" who will act as a mother figure. Then when the labor becomes acute she can be moved simply and easily around the corner to the labor or delivery room where she may be medicated or delivered, as the case may be.

This wing sets off at right angles to the main delivery floor. At the corner is an admitting room with showers, bath, etc., and from this the woman in mild labor is taken thru double doors and assigned to a cubicle which opens off a large and attractive hall which in turn opens thru french doors onto a balcony. The side of the foyer opening on the balcony is practically all glass. This foyer presents the opportunity of walking up and down or sitting in easy chairs. There is a small desk in the corner for the Superviser. Each of the cubicles has a couch, chair and television set and between each pair is a toilet. The doors are curtained and the patient is examined on the couch if necessary. Here she has a good deal of liberty and may entertain her husband, mother and friends until it is felt that she should be moved to the labor rooms which are thru other doors and just around the corner.

It is my opinion that this represents a definite advance in the care of the normal parturient woman and should be incorporated into hospitals whenever practicable.

Ralph T. Miller

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THREE QUESTIONS

One of our prominent orthopods had an experience of late which although far from unique is nevertheless worth recording.

After seeing this polio patient on two occasions, he submitted a bill for $15. The services consisted of one rather lengthy evening visit at the patient's home ($10) and one regular office visit ($5). The charges seemed reasonable enough, especially since the family was financially quite comfortable.

In a short while, however, the bill came back trimmed from the original $15 to $7. It seems that the National Foundation for Infantile Paralysis undertook the payment of all bills in this case and took it upon itself to allow $4 for the house visit and $3 for the office visit, and no more. The following three questions call for an answer:

Question No. 1. Is it morally correct for the National Foundation to subsidize the rich with charitable funds?

Question No. 2. Should the National Foundation or any other social agency be permitted to tell doctors how much their services are worth and how much they are to charge?

Question No. 3. If this isn't a vicarious form of socialized medicine, what is it?

Editor's Note: If the Salk vaccine does succeed in relegating polio to the memory book— and our experience with it is encouraging—those dimes will be marching to the aid of other sufferers that are now neglected. Such exploitation of the prestige of F.D.R. is in no way justifiable. The doctor should bill the case again for the balance due. The New Deal was not advocated as a raw deal.

Indoctrination

(Continued from page 2)

To say that our Society in the past has done nothing by way of indoctrination would be far from the truth. The initial step of each neophyte member is to meet with the Secretary who provides him with copies of the District and State by-laws and explains what the Society has to offer and what it expects in return. Our new by-laws make it mandatory upon new members to attend at least 50% of the meetings during the first two years of their membership. This should serve to get them into the habit of attending meetings, and to encourage them to otherwise participate in the activities of the Society. Our current committee roster includes, we believe, a larger than ever number of youthful members. The Hippocrat has from time to time added its own voice to the call for wider participation. Nevertheless much remains to be done and the creation of an indoctrination program may well prove the answer.

REFLECTION ON THE 1956 POLIO SEASON

During the polio season of 1956, one non-paralytic case of polio was reported in the city of Springfield as opposed to thirty-nine cases the preceding year. In Hampden County, an additional case was reported for a total of two cases this year in the whole county. So far this year, seventy cases have been reported in the State as opposed to two thousand two hundred ninety-four cases the preceding year with a final total of three thousand nine hundred cases for the State.

What brought this about? Is this just the natural sequence of events in the natural history of polio? Are there some other forces now playing a part in influencing the natural progression of the disease through the community?

Nothing has changed in the host or

(Continued on page 19)

COMPLIMENTS

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Each fluidounce contains:

Neomycin sulfate 300 mg. (4⅔ grs.)
[equivalent to 210 mg. (3¼ grs.) neomycin base]

Kaolin . . . . . 5.832 Gm. (90 grs.)

Pectin . . . . . 0.130 Gm. (2 grs.)

Suspended with methylcellulose 1.25%

Supplied:

6 fluidounce and pint bottles

The Upjohn Company, Kalamazoo, Michigan

MEDICARE IS HERE

(Excerpts from letter of A.M.A. Sec. Lull, Oct. 15, 1956)

" . . . . The U. S. government will put into operation on December 7, H. R. 7994 authorizing care of civilian dependents . . . .

The rules, for operation of the new law authorizing civilian medical care at government expense for more than 800,000 wives and children of servicemen, are the biggest talked-about news on the medical front today.

In 1953, the Moulton Commission reported its findings and recommendations with respect to dependent medical care. The A.M.A. opposed the Commission's major recommendations, as well as the subsequent bills which were introduced to implement them. Briefly, the A.M.A. took its position on the grounds that the legislation would result in a big expansion of the military hospital establishment and the continuation of the doctor draft.

In December, 1954, the A.M.A. House of Delegates voted that "if it is to be the policy of the government to provide for medical care for dependents of service personnel, the services of civilian physicians and hospitals be used whenever possible, to be paid for at prevailing rates with provision for free choice of physicians."

In 1955, Congress shifted its position and developed legislation emphasizing utilization of civilian resources.

Dr. Hamilton pointed out that such a program would reduce the requirements of the armed forces for physicians and obviate the necessity for any further extension of the Doctor Draft Law.

He called the Committee's attention to the extensive program of dependent medical care provided directly by the armed forces in areas where civilian facilities were entirely adequate. "Not only does care furnished under these circumstances place an unnecessary strain on the medical corps," he said, "but it is detrimental to the medical care of the civilian population as a whole. The duplication of facilities and the resulting competition for the services of trained health specialists has created a shortage of essential facilities and services in certain civilian communities."

Recognizing the problems that would be met in activating so complex a program as was envisioned in H.R. 7994, Dr. Hamilton said: "We realize that under any system adopted, time will be required to iron out unforseen details and obtain a smoothly functioning program. To assure success, the most complete cooperation of all concerned will be required."

Dr. Crawford discussed many details of the bill and, in general, argued for greater emphasis on civilian resources and less on military facilities. Many of the recommendations he made later became part of the law.

Before the bill was enacted, a restriction was written in at the request of the uniformed services. It provided that the right to private medical care for dependents residing in areas where the member concerned is assigned and where adequate medical facilities for the uniformed services are available may be limited by the Secretary of Defense. The A.M.A. voiced strong objection to this provision, but without success. It remains in the law.

After the bill became law, the A.M.A. House of Delegates on June 1, 1956, adopted a resolution urging all medical associations to cooperate with the Defense Department "in the provision of medical services to the dependents of servicemen . . . . utilizing such insurance, medical service, or health plan or plans as encompassed by the law. A plan or program for any given geographical area should first be approved by the organized medical profession of that area. . . . "

At the same time, the House also directed the Board of Trustes "to initiate direct liaison with the Department of Defense and render all reasonable and effective aid and assistance to state and country medical societies toward implementation of the Act."

On July 28-29, a meeting of representatives of constituent medical associations was called by the A.M.A., at which time the medicare program was discussed. At

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For patients of all ages who prefer liquid vitamin therapy.

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CAPSULES

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Vitamin A (synthetic)	25,000 U.S.P. Units
Vitamin D	1,000 U.S.P. Units
Thiamine	10 mg.
Riboflavin	10 mg.
Niacinamide	150 mg.
Ascorbic acid	150 mg.

Usual Dosage: 1 or 2 capsules or teaspoonfuls daily. Infants: Not more than 1 teaspoonful daily.

THERAGRAN CAPSULES: bottles of 30, 60, 100 and 1000.

THERAGRAN LIQUID: bottles of 4 ounces.

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this meeting, held in Chicago, representatives from the Department of Defense outlined their plans and answered many questions.

The Conference recommended that the constituent medical associations determine immediately if they:

1. Were ready to cooperate with the Department of Defense in promoting the program;
2. Would prepare a schedule of allowances for the reimbursement of physicians for medical services, on a state or area basis;
3. Would indicate preferences for the contracting agent and fiscal administrator.

The appropriate policy-making bodies of 46 constituent associations have selected to date as contracting agency: the constituent medical association in 34 instances, a Blue Shield plan in seven, and no clear indication of preference in five instances.

To date, the fiscal administrator preferences are: Blue Shield plans in 31 instances, the constituent medical association in 14, and an insurance company in one state.

All of these recommendations have been transmitted to the Department of Defense, whose executive agent is the Army. The Army, in turn, will determine in each case if the fiscal administrator named has the resources with which to conduct the program.

FINAL DRAFT OF DIRECTIVE NEARLY READY. The final version of the directive to be promulgated jointly by the Departments of Defense and Health Education and Welfare is nearly complete and should be available for distribution shortly.

These contract conferences are continuing and it is anticipated that a contract format as a suggested guide will be distributed to the constituent associations next week.

It is anticipated that the government will be ready in about two weeks to begin specific negotiations with the medical societies. It has been the policy of the A.M.A. representatives throughout these conferences to protect the right of constituent associations to negotiate on behalf of their physician members. The A.M.A. has tried to set the climate for satisfactory negotiation by promoting directives and contract planning which are clear and reasonable.

During the contract phases of the various meetings, representatives of Blue Shield have been invited to sit in. On October 10th, a joint meeting of the technical committees of the A.M.A. and Blue Shield was held to review the current status of the program.

CONTRACT SIGNING IS NEAR. In summary, the Defense Department and its executive agent, Department of the Army, are fast approaching the point when they will begin to sign contracts and finalize the initial phase of the medicare program. There are going to be many problems . . . . challenging problems now and in the future. This gigantic program is new to the Department of Defense, just as it is to the constituent medical associations.

As Dr. Hamilton said in his remarks to the congressional committee:

"Time will be required to iron out unforseen details."

THE HIPPOCRAT QUESTIONAIRE

Although a greater response was hoped for, it is gratifying nevertheless that more than 100 members took the trouble of returning the questionaire recently distributed by the Hippocrat.

The suggestions offered were constructive and stimulating. Many of them will undoubtedly be utilized towards the further improvement of the Hippocrat. Equally interesting and illuminating were the answers to the other 3 questions, an analysis of which follows:

Question #1. "Do you like and read the present Hippocrat?"

It was flattering to learn that 94% liked and read the Hippocrat. One was frank enough to say that he didn't like it but reads it just the same, and one said he only "scans" it. Another thought it was "o.k.".

Question #2. "Do you want it more

often—say 10 times a year?"

69% favored 10 times a year. The rest were satisfied to have it remain at four or suggested a change to 6 issues a year. This was the pivotal and most important question of the survey. It was the question that prompted it in the first place. The popular demand for 10 issues annually was repeated at the last meeting of the Society when the membership voted overwhelmingly in favor of it.

Question #3. "What suggestions have you for its contents?"

The membership was very generous in its suggestions. Some of the more important ones are listed below:

"More local news of M.D.'s, societies, etc." "Book reviews." "Off the cuff, personal items." "Articles dealing with general hospital practice." "Calendar of medical events." "Brief biography of newcomers (members)." "Local medical problems." "Less abstract and less verbosity, more concise." "Discussion of Hospital Staff relationship." "More along the lines of the Norfolk Medical News." "More local news." "Articles should be signed not initialed." "Keep it on the lines of the most recent issue", which several members thought was the best yet."

Question #4. "Will you contribute material on the subjects you are interested in?"

This question elicited the most startling statistic. No fewer than 62 members expressed the willingness to write. Unfortunately quite a number of them, 32 to be exact, failed to sign their names, leaving the Editors very much in the dark. 18 said they could not or didn't care to write, and the rest failed to answer this question altogether.

All in all the questionaire proved successful, and much of its material will without doubt be put to good use in the near future.

In view of the above, the Hippocrat will as of January 1946, appear monthly except for July and August.

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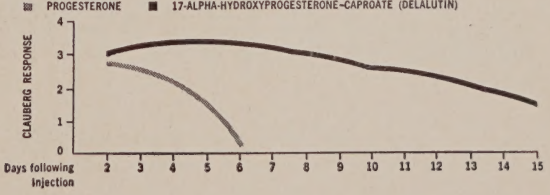

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With ACHROMYCIN you can expect prompt control, with minimal side effects, over a wide variety of infections. For your convenience and your patient's comfort there are 21 dosage forms of ACHROMYCIN. Each one is made in Lederle's *own* laboratories and offered *only* under the Lederle label—your assurance of quality control.

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It's hard to beat the palatability of ACHROMYCIN Syrup. Any youngster (or adult) will like its sweet cherry flavor. Prescribe it with confidence that it will be taken without fuss. Potency: 125 mg. per teaspoonful (5 cc.)

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1956 Polio Season

the environment to radically influence the incidence of polio except a broad program of vaccination with a killed virus. During the past eighteen months in Springfield some twenty-eight thousand children under the age of twenty years have received two doses of Salk vaccine in the public program, and at least twelve thousand additional youngsters were inoculated by private practitioners. This totals to some forty thousand persons under twenty receiving vaccine in Springfield or about seventy percent of the population in that age group. Undoubtedly a similar response was obtained throughout the County. Perhaps, polio vaccination has had some influence on the incidence of polio this year.

On the other hand, it must be remembered that in 1955 the State as a whole had its highest incidence of polio since records have been kept. Hampden County and Springfield had an unusually high incidence also. Undoubtedly, many individuals had unrecognizable or subclinical infections. Infection, regardless of symptoms, invariably brings natural immunity.

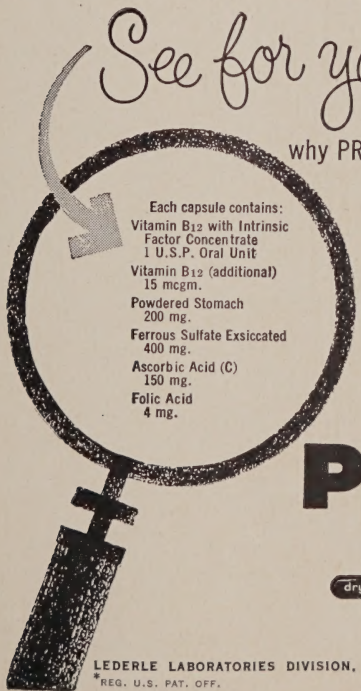
Was this year's experience influenced by vaccination or by natural immunity resulting from the previous years experiences? Only time will tell! J.C.A.

ATTENTION

According to information received from the Massachusetts Medical Society and local and Boston offices of the Lumberman's Insurance Company, there is nothing to substantiate a rumor that The Group Health and Accident policy issued by the Lumberman's Insurance Company to the members of the Mass. Medical Society is to be cancelled.

PLEASE ATTEND!

The Society's next meeting will be held as a joint meeting with the Women's Auxiliary on December 12, 1956 at the Sheraton Kimball Hotel. It is scheduled for 6:30 p. m.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Another form of the only broad spectrum antibiotic preparation with added protection against monilial superinfection

PLEASANT TASTING — Mysteclin Suspension is pleasantly fruit-flavored and will appeal to taste-conscious youngsters as well as to adults who prefer liquid medication.

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MYSTECLIN SUSPENSION: a fruit-flavored oil suspension containing the equivalent of 125 mg. Steclin (Squibb Tetracycline) Hydrochloride and 125,000 units Mycostatin (Squibb Nystatin) per 5 cc. teaspoonful. Supplied in two-ounce bottles.

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